

This document was produced predominantly to report and inform the Lanarkshire Alcohol and Drug Partnership of the performance relating to the Service Level Agreement pertaining to the last year of the Meridian Project, a service delivered in partnership by Liber8 Ltd and ACT.

Meridian

Alcohol & Drug
Partnership Annual
Report 2016

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Executive Summary

This document was produced predominantly to report and inform the Lanarkshire Alcohol and Drug Partnership of the performance relating to the Service Level Agreement pertaining to the last year of the Meridian Project, a service delivered in partnership by Liber8 Ltd and ACT.

The report will be presented in 3 sections;

Section 1: will focus on the background and the elements of service provision

Section 2: will focus on the performance management during April 2015- March 2016

Section 3: will provide a summation of the end of the project, including the total statistics throughout the 4.5 years

Data provided in the report evidences the Meridian Project's performance during 2015-2016. It should be noted the exit strategy for the Meridian project started in December 2015 and this had a direct impact in referrals to the project in the last 3 month period; it also had an impact on numbers of appointments attended as individual exit strategies were implemented for each client who was already engaging with the project. As a result the yearly output statistics are slightly lower than previous years and do not show the increase experienced each year on year throughout the duration of the project term. The expectation would be that if the project had been fully operational for the 12 month period the figures would again show an increase from the previous year

However overall this period reported positive performance measures; our outputs and outcomes clearly demonstrate positive outcomes, some greater than others, in all performance indicators. The evidence to date includes:

- **434** telephone calls asking for information/advice on alcohol/drug issues.
- **43** crisis presentations and interventions
- **2051** referrals were received: North had **61%**, of total referrals, down 4% from last year and South had **43%**
- Self-referrals, once again the highest routes of referral, followed by NLIAS; LaADs and Hospitals
- Alcohol remains the main reason for referral
- Numbers of appointments offered throughout the period were **15,203**
- **8810** hourly appointments were attended; North Lanarkshire had **4713** and South had **4097**
- Family worker helped deliver four Strengthening Families programmes to date
- Improved quality of life demonstrated by CORE measurement tool
- Improved family relationships demonstrated by Goal Attainment Questionnaire

Background

The Lanarkshire Meridian Project was an early intervention recovery oriented service provision, rooted in Tier 2 of the Model of Care (MoCAM), and delivered in partnership by Liber8 Ltd and the ACT. Meridian incorporated a comprehensive range of interventions that addressed the needs of people across Lanarkshire and was founded on national and local strategies.

The aim of Meridian was to assist service users in reducing their alcohol and drug use and in doing so reduce related harm; this helped to enable individuals to work towards recovery while rebuilding their lives and playing an active role within their family, local community and wider society. Meridian supported service users throughout their recovery journey, not only in reducing levels of harmful / hazardous drinking and drug use but also for clients who had become dependent on the same. Meridian also addressed risk taking and negative behaviours associated with substance use such as; sexual, criminal, violent and abusive activity. Service users were supported to take the steps to access available services; each with a part to play in the recovery journey; services such as housing; training and employment; benefit assistance and MA groups.

Meridian offered emotional, practical and peer support to families affected by alcohol and drug misuse. We provided support and counselling to family members, recognising that often knowing what to do and how to cope with the often difficult and worrying situations can be stressful and painful for family members. The outcomes of the service were aimed at improving health and wellbeing; reducing social isolation, and working towards positive community involvement.

1.1. Service Level Agreement: Outcomes

The Meridian Project: Outputs and Outcomes as per Liber8's SLA with the ADP were,

- *Improved quality of life for individuals and/or their family members affected by harmful and/or hazardous drinking in compliance with the recovery ethos.*
- *Improved quality of life for individuals and/or their family members affected by problematic drug use in compliance with the recovery ethos*
- *Improved parenting skills of parents/carers affected by substance misuse problems which will enable them to provide consistency, care and stability to their children in line with the principles and practices of Getting it Right for Every Child.*
- *Ensuring Children affected by parental substance misuse, including children who may have caring roles in the family; get the help they need when they need it.*

1.2. Service Model

Interventions

The work of Meridian was based on a 3 tiered system of intervention. Each person referred was offered an initial assessment which was a collaborative piece of work between the service user and the assessor, it aimed to identify the needs and wishes of the service user, determine if we were the appropriate service to meet their needs, if not, make a smooth referral to the most appropriate service. If Meridian could meet their needs, clients were allocated the most appropriate tier of intervention and key worker including peer support key workers and volunteers. The interventions included:

Counselling

Many of the counsellors within Meridian, can provide solution focused CBT brief interventions which is a valid and effective approach for some cases involving alcohol and or substance misuse issues however this should not be confused or presented as therapeutic counselling. Meridian's, one to one therapeutic counselling was conducted by fully qualified Diploma CBT/ Psychodynamic/ Person Centered Counsellors who had additional specialist training in the field of substance misuse. Many service users will have underlying reasons and trauma that may have led to their substance misuse, for example mental health issues; psychological health issues; abuse; bereavement; emotional neglect. Counselling is more appropriate for individuals who have some level of control over their alcohol/drug use and are no longer using substances chaotically.

Support

Support work was carried out by highly trained and competent key workers experienced in all aspects of support work in the substance use field. Our support work was varied and included, awareness raising of drugs/alcohol, psychosocial education to reduce alcohol/substance related harm, solution focused interventions; harm reduction, support to reduce alcohol levels, methadone programmes and facilitate access to other services, The service also provided practical and peer support, awareness of community groups and many other areas which the client required assistance with.

Family Support

This element supported various family members often in times of great difficulty, to overcome issues surrounding a family member's substance/alcohol use. Meridian worked with family members including, mum, dad, wife, husband, daughter, son, indeed any individual adversely affected by a significant others alcohol or drug use.

Strengthening Families Programme

In addition, with partnership organisations Meridian facilitated and delivered the Strengthening Families Programme in South Lanarkshire. One member of the staff team also facilitated the programme in North Lanarkshire and became a trainer for the programme; in total Meridian helped deliver 5 programmes across Lanarkshire.

Bereavement Support

Grief is always difficult to come to terms with and it can often feel we are facing it alone. If the death of a loved one is caused through drug or alcohol addiction it can often be a very confusing and distressing experience and can have a devastating impact on the lives of families and friends. Meridian offered support to individuals and families affected by an alcohol / drug related death through this very difficult time.

Group Work

Group therapy can help service users by providing a peer group of individuals that are currently experiencing similar feelings or who have recovered from a similar problem and can also provide emotional support and the opportunity to explore feelings/behaviours within a safe environment

The information presented below evidence the achievement of the outputs and the outcomes during 2015 – 2016.

***It should be noted that some of the information pertaining to North Lanarkshire has been based on the previous year's information due to limited information provided by ACT for the period 2015-2016*

Performance Management

3.1 Information, Advice and Crisis Presentations

Level 1 was a significant element of the Meridian project which engaged many people and can have important effects for many people who do not engage with the project in terms of attending appointments and often the outcome of the engagement is not measurable. It involved providing information and advice to individuals who do not engage in Level 2 or 3 interventions or become attending individual service users. Monitoring of our Level 1 outputs and outcomes was more challenging than other interventions, for example names and addresses are understandably not recorded at information sessions and the number of information seeking telephone calls do not require a case file to be developed. Nevertheless this was an extremely important aspect of the work and produced outputs and outcomes which supported Meridian to achieve the targets set out in the SLA.

Regarding Level 1 interventions the following outputs were found,

- Meridian received a **434** telephone calls in South Lanarkshire asking for information/advice on alcohol/drug issues either for the caller themselves or a member of their family.
- Approximately **2000** information leaflets were distributed across Lanarkshire and were available in public areas, in referral partners and agencies premises and other public venues.
- In South Lanarkshire, there were 2 information sessions at community events where approximately **300** members of the public visited the stall at each event. Meridian staff also provided information and advice to approximately **200** employees and Managerial staff at local employer's employees' days.

Box: Case File 1: Telephone Intervention:

Box 1: Telephone Intervention 1: South Lanarkshire – This case example involved a set of parents; the Mother a health care worker; the father a travelling sales rep. They had an only son who had under achieved at school and left aged 16, he had managed to get some work at a local supermarket. Parents were increasingly worried about their sons alcohol use and had recently started to notice drug paraphernalia around the house. Although both parents had a reasonably healthy relationship with alcohol neither knew much about drugs. They challenged their son who assured them cannabis was not addictive and that there were no recorded incidences of violence attributed to cannabis use. Parents called the office spoke to one of the key workers; the parents were concerned that cannabis would be a gateway drug to more serious drug use. The key worker spoke to both parents in 4 individual calls as they did not want to attend the office; the key worker was able to explain that alcohol could also be considered a gateway drug and encouraged them to talk openly and honestly to their son about how he was using both alcohol and cannabis. The key worker also provided the parents with some information and questions around the lack of long term data on cannabis use and how this might affect health. They also suggested the parents pointed out to their son their concerns around cannabis possession being a criminal offence and the potential for impacting on future employment opportunities. In one call the parents called to tell the key worker they felt better informed and were able to have open discussions with their son: they also felt better able to deal with their son. A few weeks later they called back to thank the key worker as they felt the information they had received wasn't readily available elsewhere and the approach suggested by the key worker had worked and now they felt the relationship with their son had greatly improved.

3.2 Crisis Intervention:

A further, element of level one intervention that should be highlighted were crisis presentations and subsequent interventions provided to service users. This element of service provision was never part

of the performance measures and often these events were not included toward Meridian statistics but they can be in some cases, a life or death situation for clients. There were **43** crisis interventions in South Lanarkshire during the period, below are two case studies. These case study examples are extreme and not every presentation requires this level of intervention however it is crucial that when an individual is in this extreme distressed state that assistance is available at that point.

Box: Case File 2: Crisis Presentation

Crisis Intervention 1: South Lanarkshire: A gentleman aged 44 had been shopping in the Blantyre supermarket when he felt unwell; he had accepted for some time that he was drinking too much and felt that his misuse of alcohol had something to do with him feeling unwell so he had stopped drinking a couple of days before. He drove up to the office with the intention of coming in and asking for help; his neighbour had previously spoken to him, telling him that he was attending the Meridian project so he was aware of where the project was delivered and that it offered support for alcohol issues. The gentleman parked his car and only walked as far as the barrier to the car park when he collapsed; staff called an ambulance and the man was immediately taken to hospital. The outcome was that gentleman had taken an alcohol induced seizure and had continued to take them for several hours in the hospital. Once stable, he was given a detox and referred to Meridian on his release. His wife came to pick up his car the next day and came in and told staff he was lucky to be alive, if he had been driving at the time of the seizure the result could have been catastrophic. The man later attended counselling for 14 weeks, never missing a single appointment. He firmly believes he would be dead if he hadn't decided to drive to Liber8 that day.

Box: Case File 3: Crisis Presentation

Crisis Intervention 2: South Lanarkshire: Early one morning a young girl aged about 17 was noticed to be sitting on the steps of the Blantyre office, at first it was thought she was waiting on someone but one of the admin staff noticed she seemed extremely upset and went out to speak with her. The young girl became very upset and shared with the admin that she was a stage that she had wanted to end her life; she had a bottle of vodka with her which she said she intended to drink and then take a cocktail of drugs that she had on her belonging to her Mum. She shared with the worker that she had recently lost her Mum to cancer and it was her medication she had intended to use; she felt she couldn't cope as her Mum was the only person who knew that she was self-harming and she was too ashamed to tell anyone else in her family. She also admitted she had been drinking every day for approximately 3 months, since she had to finally accept her Mum was not going to come home from the hospital. The admin worker convinced her to come in and speak with a key worker and she spent a couple of hours with her; the outcome was that an emergency appointment with her GP was made for the afternoon, the key worker accompanied the young girl and they found the GP to be very helpful and knowledgeable about self-harming. The GP and key worker agreed a reduction approach to her alcohol misuse and an agreement to work on the issue of self-harming. The GP also supplied some contact details for additional support. The girl attended for approximately 3 months by which time she had stopped drinking and had confided in her sister. She stated she didn't know why she ended up sitting on the steps of the office that particular day; she had little knowledge of the work of Meridian but is convinced if she hadn't she would have taken her own life.

4. Level 2 and 3 Main Service Elements:

**All statistical information presented below was collated in the Liber8 database and as such accurately reflects the client information uploaded during the March 2015-April 2016 period by both Liber8 for South Lanarkshire and ACT for North Lanarkshire.

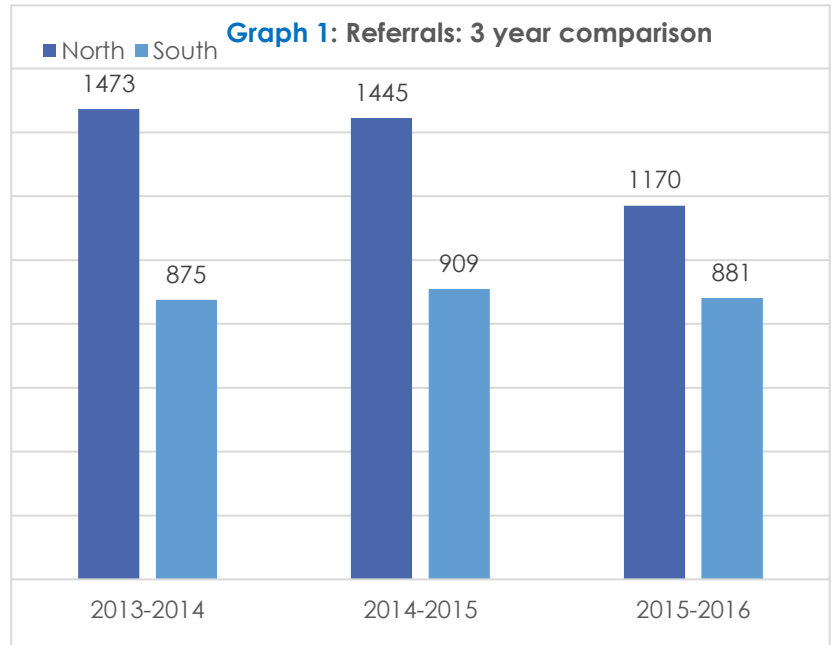
4.1 Referrals

Meridian accepted referrals through post / telephone / NHS secure line / self-referral and presentations at the offices. To ensure the most urgent cases were seen as quickly as possible Meridian utilised an effective priority system; particular triggers for priority, included adults with children in the family; Child Protection: Protection of Vulnerable Adults; previous suicide attempts or current/ongoing

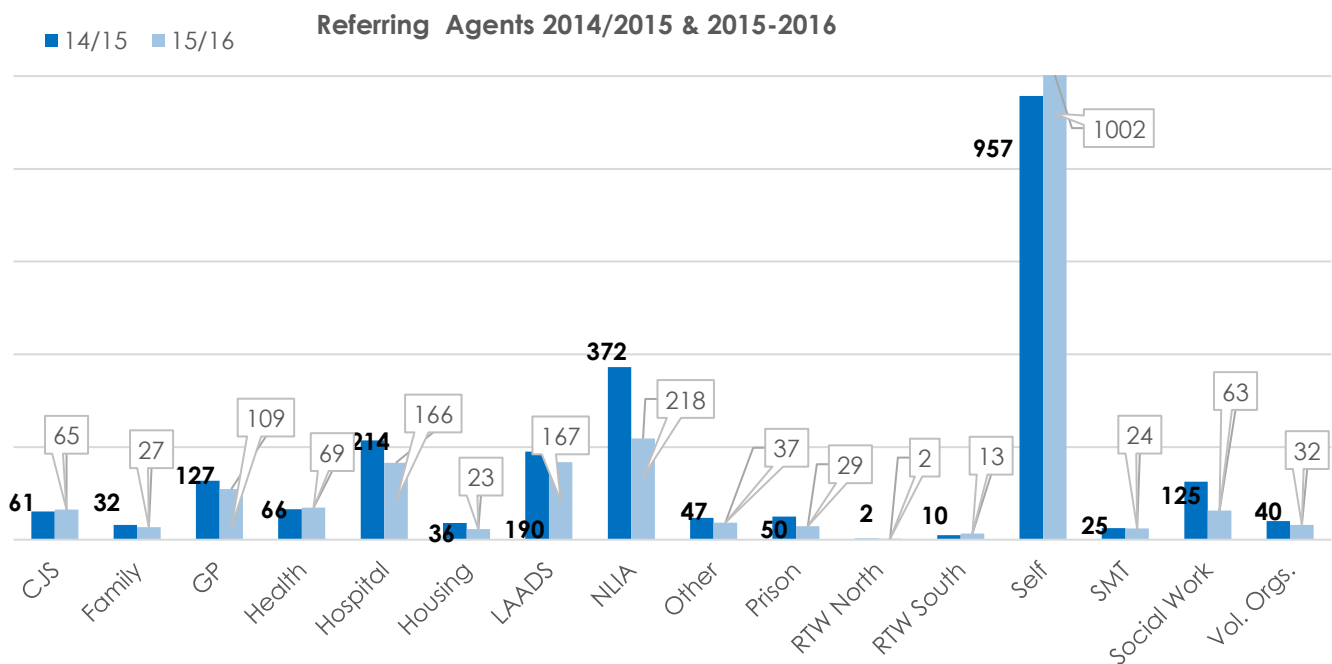
suicide ideations or self-harm; recently released from long term hospital care or prison. It should be noted that as a consequence of the commissioning process the Meridian Steering Group agreed the exit strategy should be implemented from Dec 2015 and as such the project stopped accepting referrals in January 2016; however brief solution focused work was offered to clients; this in effect means that Meridian was only fully operational for a 9 month period. The implementation of the exit strategy would have had an impact of the number of referrals accepted and total appointment numbers caused by a reduced operational period.

4.2. Referrals received

During the period there were **2051** referrals. This was a reduction of 303 referrals on the previous year; Graph 1 illustrates a comparison of referrals received over the last 3 years. Interestingly, of the 303 reduced referrals **93%** were found in North and only **7%** in South. Further investigation shows that the decrease was not a result of a decrease in self-referrals, but rather reduced referrals from referring agents in North. Significantly it was reduced referrals from NLIAS which was the main source of the reduction. On closer inspection it was found that there had been a decrease of almost **50%** referrals from NLIAS to Meridian compared to 2013/14. The analysis shows that the reductions in referrals are found to be almost entirely of male service users within two referral categories: their own alcohol use and own alcohol& drug use combined. **Graph 1** illustrates the differences from this period to the last two year.

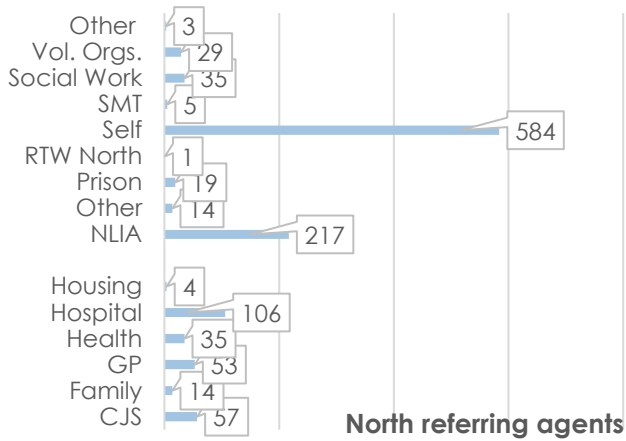


Graph 2

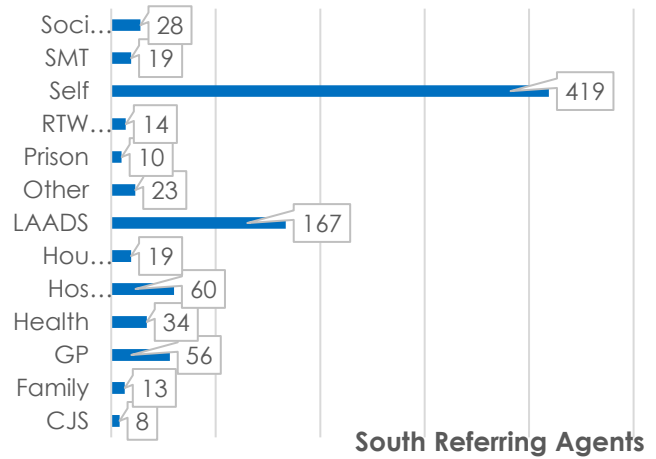


In terms of the main source of referrals, self-referrals continued to be the largest source of referral: there was also an **8%** increase on last year's self-referral figures resulting in a total of **49%** of all referrals to the project. **Graphs 3 & 4** illustrate the referral source in North and South

Graph 3:

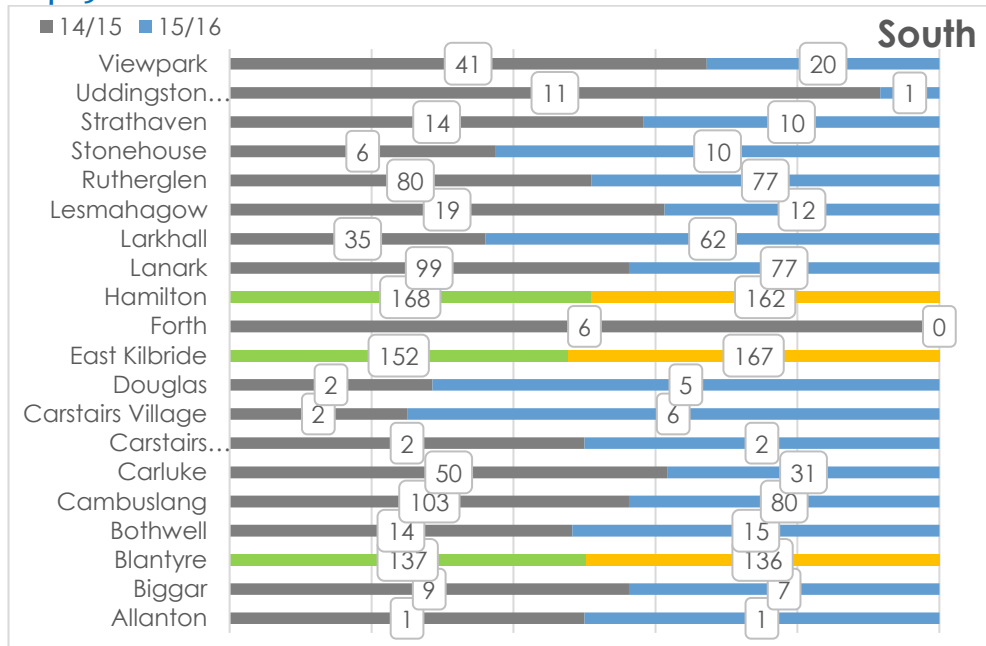


Graph 4:



4.3 Referrals: Localities

Graph 5

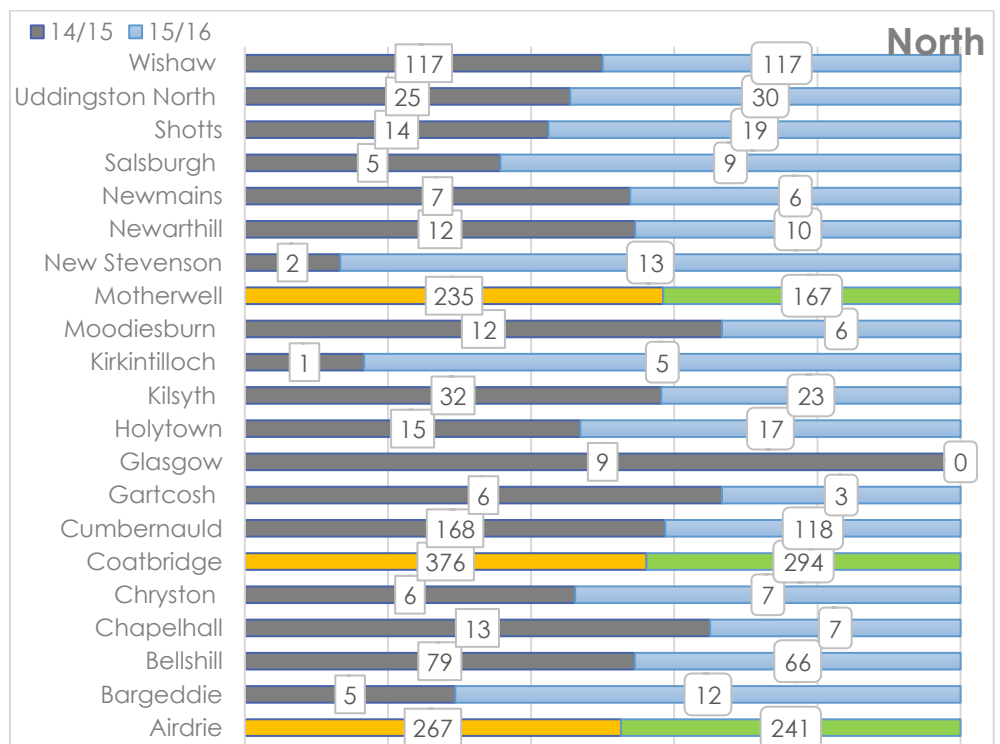


In South Lanarkshire since the start of the project, the localities which provided the highest referral numbers, highlighted in green- were Hamilton, Blantyre, East Kilbride and combined Clydesdale localities, followed by Cambuslang and Rutherglen. As illustrated in Graph 5 there wasn't a great deal of change in referral numbers or source from last year

Graph 6

In North Lanarkshire, since the start of the project, the localities which provided the highest referral numbers were Coatbridge, Airdrie, and Motherwell- highlighted in amber

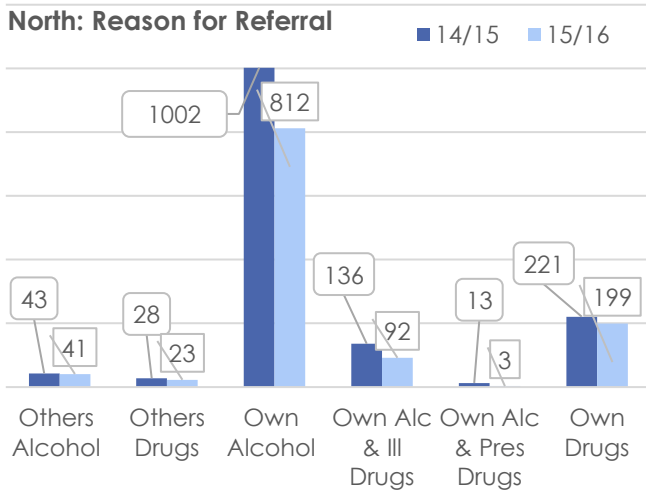
While this remains the case as illustrated in Graph 6 there were notable decreases found in these 3 localities compared to last year. The greatest decreases were found in Coatbridge & Motherwell while Airdrie remained steady



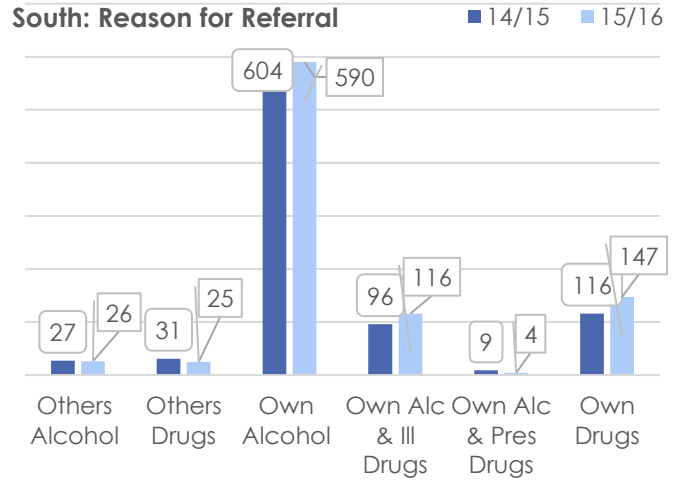
4.4 Reason for Referral

Once again the main reason for referral was the individual’s own alcohol use. **Graphs 7 & 8** illustrate comparative years for the reason for referrals per locality. Reductions in referrals by reason of clients own alcohol use was the major explanation for the overall reductions in referrals during this period in North followed by clients alcohol& drug use.

Graph 7



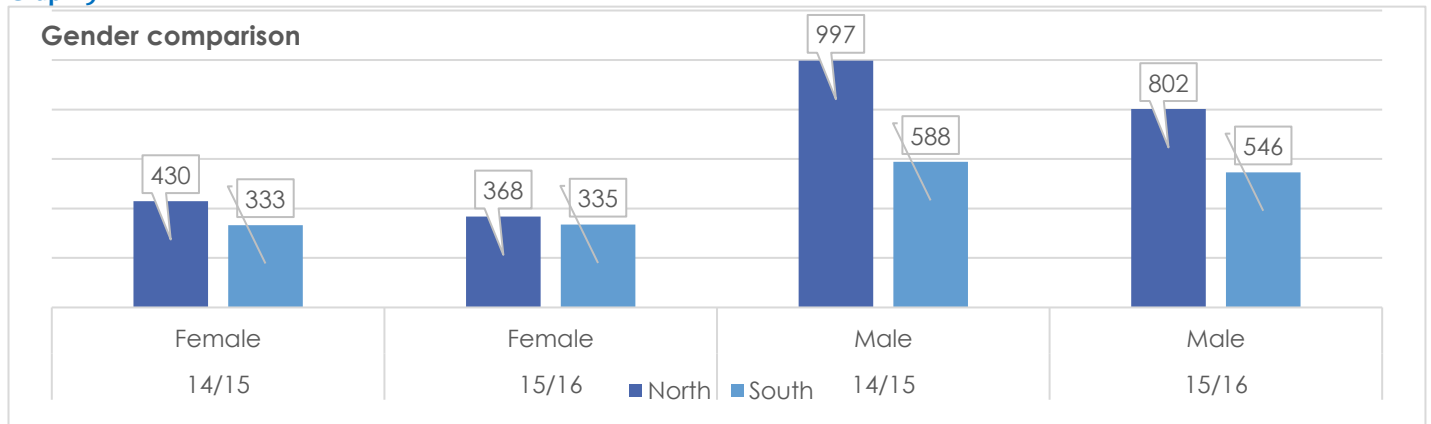
Graph 8



4.5 Gender and Age

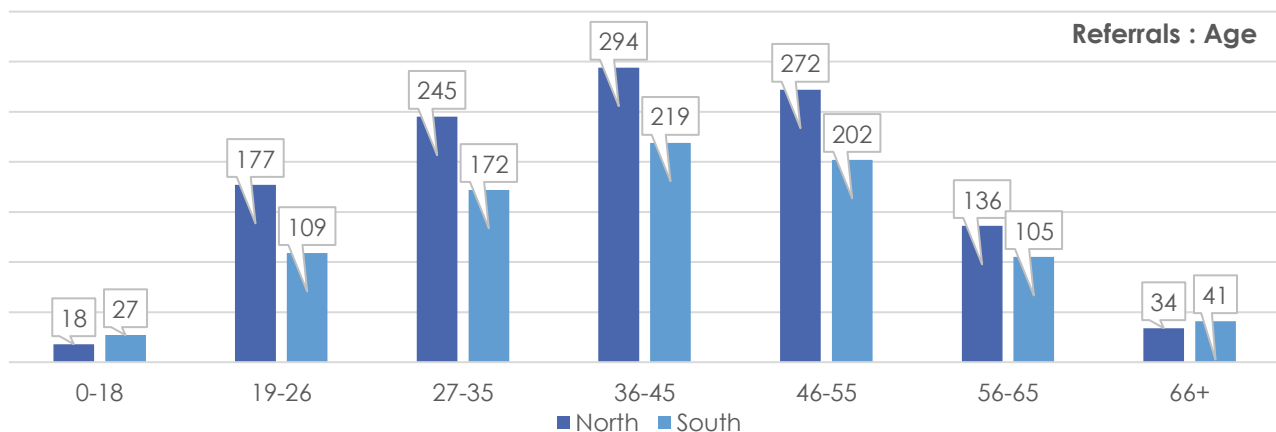
Below in **Graph 9** is a breakdown of gender specific referrals which remained almost the same as previous years. In comparison, referrals for males are still significantly more than females, the latter which appear to have remained steady throughout.

Graph 9



With regard to age groups, **Graph 10** shows the results are very similar to previous years showing that the highest referrals are for the age group 36 - 45 followed closely by the 46 - 55 age group. The most notable increase, although not a huge increase, can be seen in South Lanarkshire in the 66+ age group

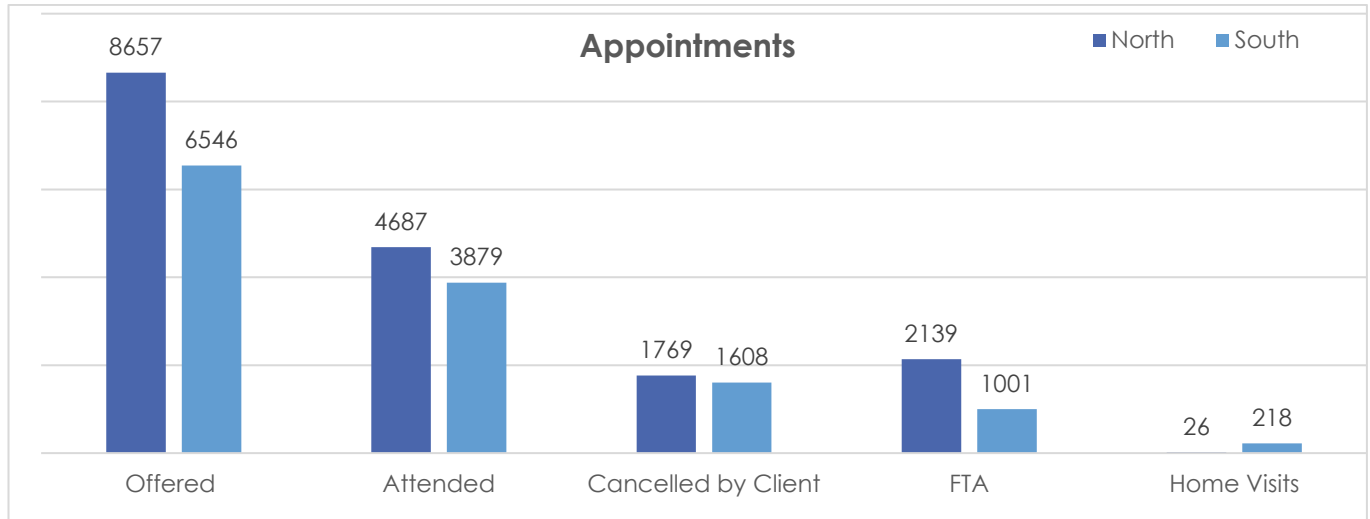
Graph 10



5. Appointments Offered

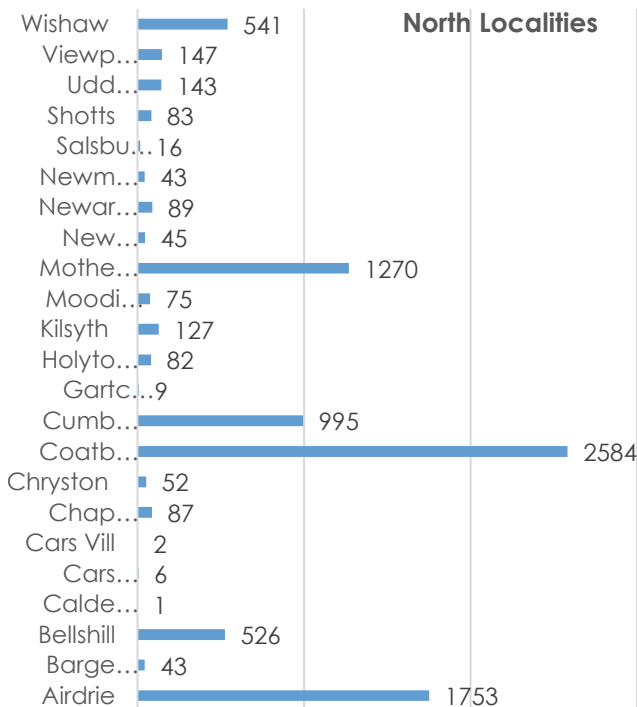
The total numbers of appointments offered this year **15,203**. It was found that engagement rates, that is attended appointments relative to appointments offered were **60%** for South Lanarkshire and **54%** for North Lanarkshire. These figures include FTA and cancellations. It can also be seen that an average of 12 appointments per week more were offered in North, this has been the case since the project started and staffing was adjusted accordingly. A full breakdown of appointments can be seen below

Graph 11

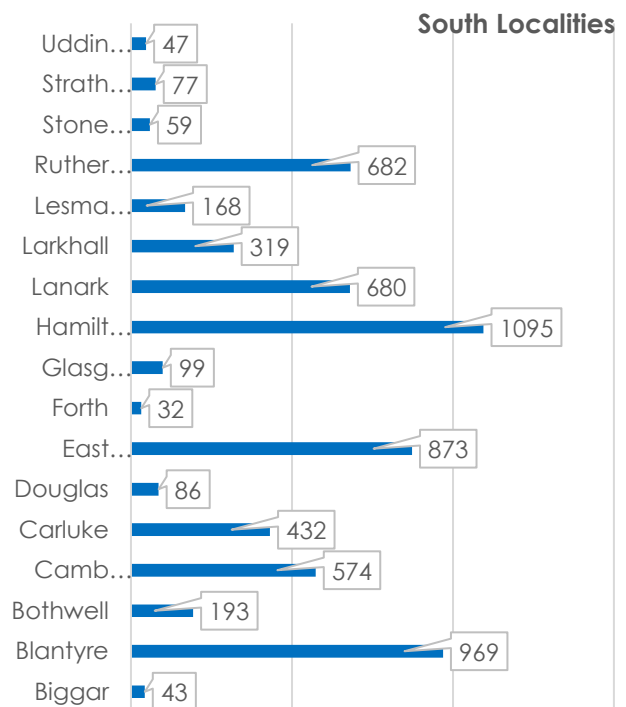


Appointments offered by locality

Graph 12

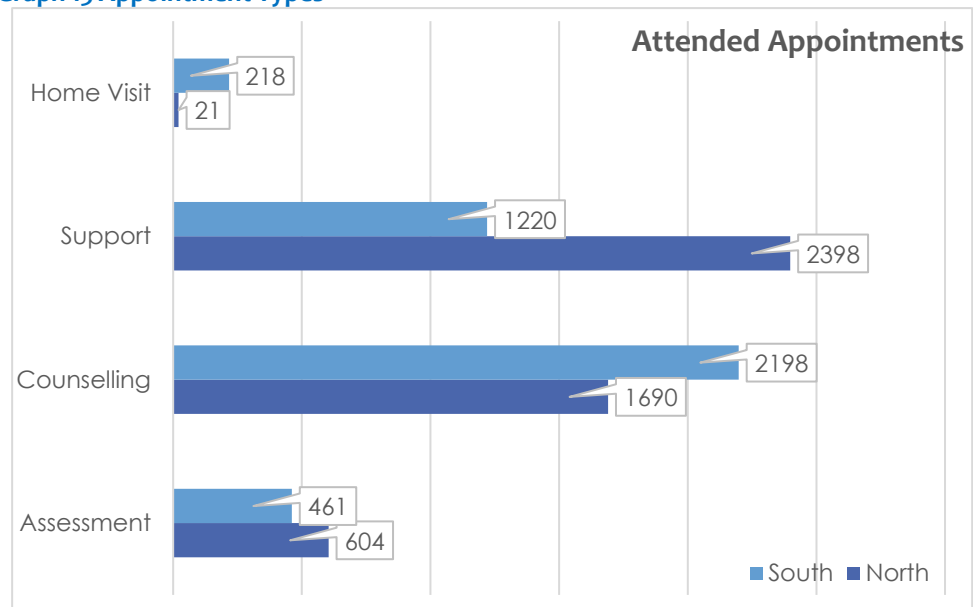


Graph 13



As expected the particular localities which had the most appointments offered where the main referrals areas; the appointment allocation was relative to need in terms of referrals.

Graph 13 Appointment Types



In terms of attendance at all types of appointments, a total of **8810** hourly appointments were attended; North Lanarkshire had **4713** attendances while South Lanarkshire had **4097** attendances. The majority of home visits in South were visits providing family support. This means that 53% of total appointments attended were in North and 47% of total attended appointments in South. As noted previously staffing was adjusted accordingly to reflect the higher referral and appointments of North

North continued to have significantly more support appointments attended, in fact they had double the amount of support appointments whereas South had more counselling appointments attended. One reason that may impact on the significant differences in support appointments offered and attended is that for a period in North support appointments were reduced to 30 minutes due to capacity issues, it was also trialed briefly in South but was not received well by clients and did not have the same effect on capacity due to less clients being assessed for support compared to counselling

6. Family work

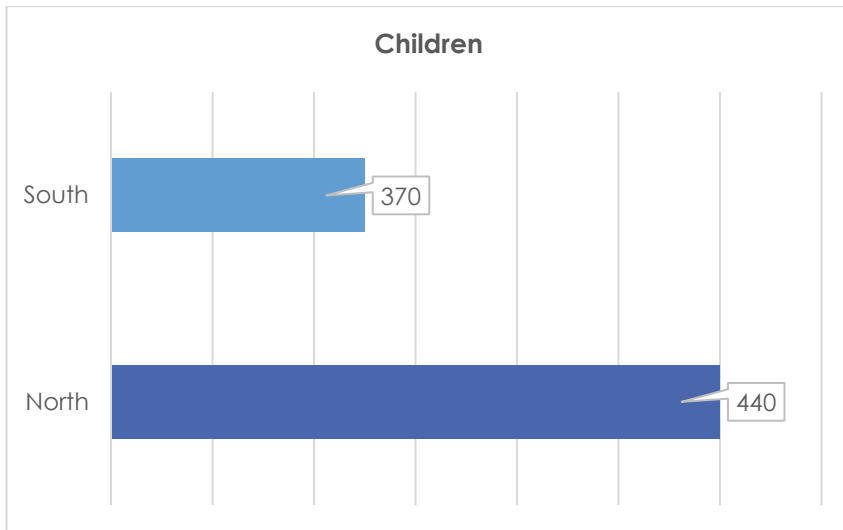
In terms of family support, South retained the post of a Family Support Worker; much of their capacity was committed to the Strengthening Families Programme, assisting in the delivery of 5 programmes in total. The post holder also held a small caseload and the majority of the home visits in South were attributed to this specialist element. The role was to seek to build rapport and good relationships with families at the same time as offering practical assistance in fulfilling the goal of increased or sustained independence. They also acted as a bridge between other professionals and service users, facilitating better communication.

Tasks performed depended on the specific type of support work under consideration and the wishes and needs of the person they supported, this may have been, help getting to appointments, debt advice, problem solving skills, community participation, assistance in rehabilitation and advocacy. The family worker's role in Meridian included specific alcohol and substance use work, including, awareness raising, harm reduction, reducing levels of substance use, preparatory work for counselling. A case file is detailed in Box 4 in the outcomes section below.

Children and Young People

Many of the clients who attend Meridian have children and young people and the work undertaken by the project has this at the core; the increased wellbeing of the parent ultimately impacts on the wellbeing of their child/ren, this has been well documented. In addition Meridian staff were trained in the Solihull Approach which allowed them greater expertise in this particular area together with the enhanced GIRFEC training ensured all staff held paramount the welfare of the children of any client work. Senior staff were also involved in Child Protection cases and represented Meridian at case conferences. Below gives a bit more detail on children of the clients who attended Meridian during the period.

Graph 14

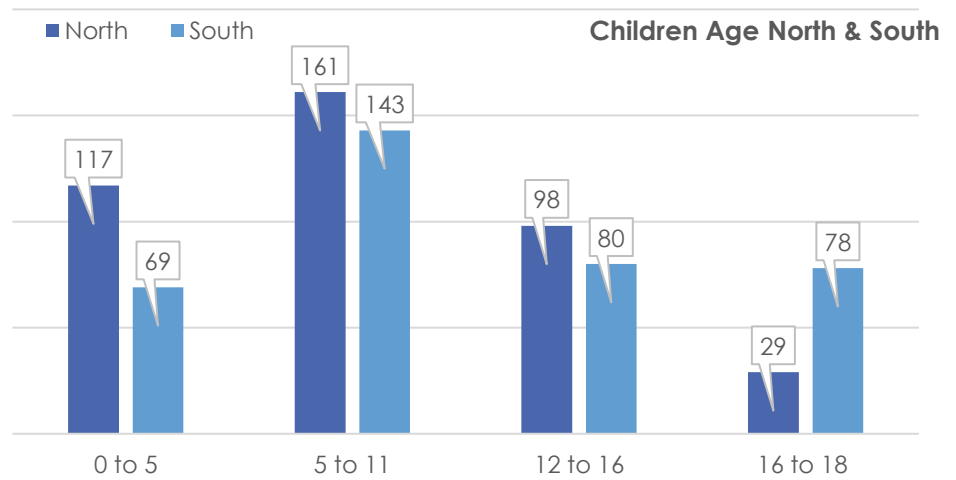


In the last year there were a total of **811** children recorded to be living with clients who attended Meridian.

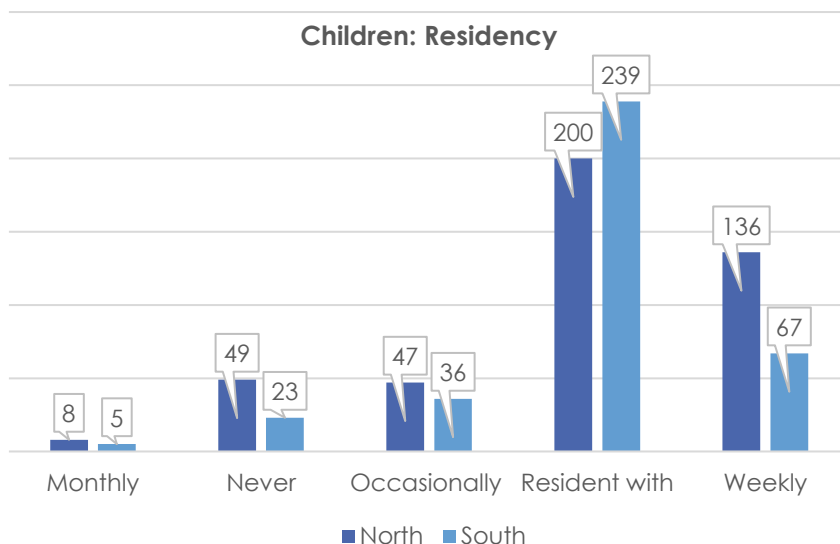
The numbers are slightly lower than last years which were 848 but this is likely to be reflective of the lower referrals received and it is proportionate to the referrals accepted in North and South

Graph 15

In terms of the age of the children it can be seen that most children in both North and South fall into the 5-11 years age group followed by 0-5 age group. This means that of the parents who attended the project almost **61%** of them had children under the age of 11



Graph 16



In terms of the residency of the children it can be seen that the majority (54%) were living with the parent attending the project.

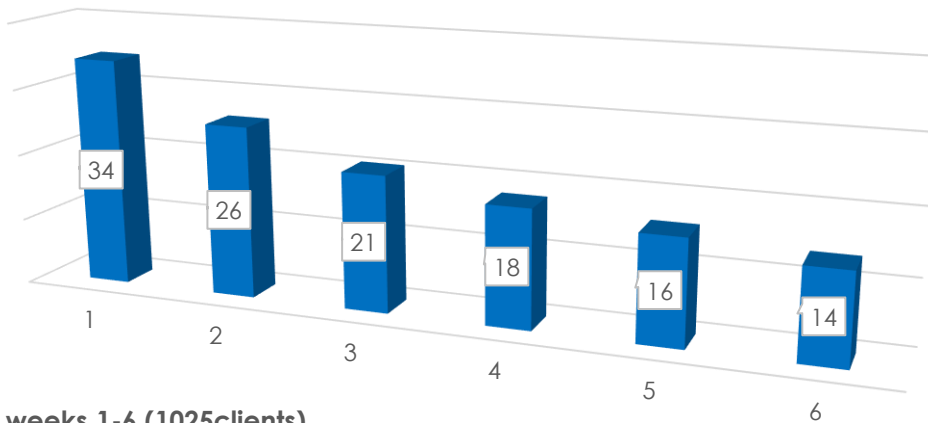
9% of children do not at any point live with the parent attending the project. While 25% have their child staying with them weekly

Outcomes

Measurement Tools

Over the period April 2015 to March 2016 there were 7,736 CORE's completed, **Graph 13** shows a snapshot of **1025** clients who completed the first **6** weeks CORE 10's. The greatest decrease in scores occurred between the first and second appointment giving an overall decrease of 20 points over the six week period.

Graph 14

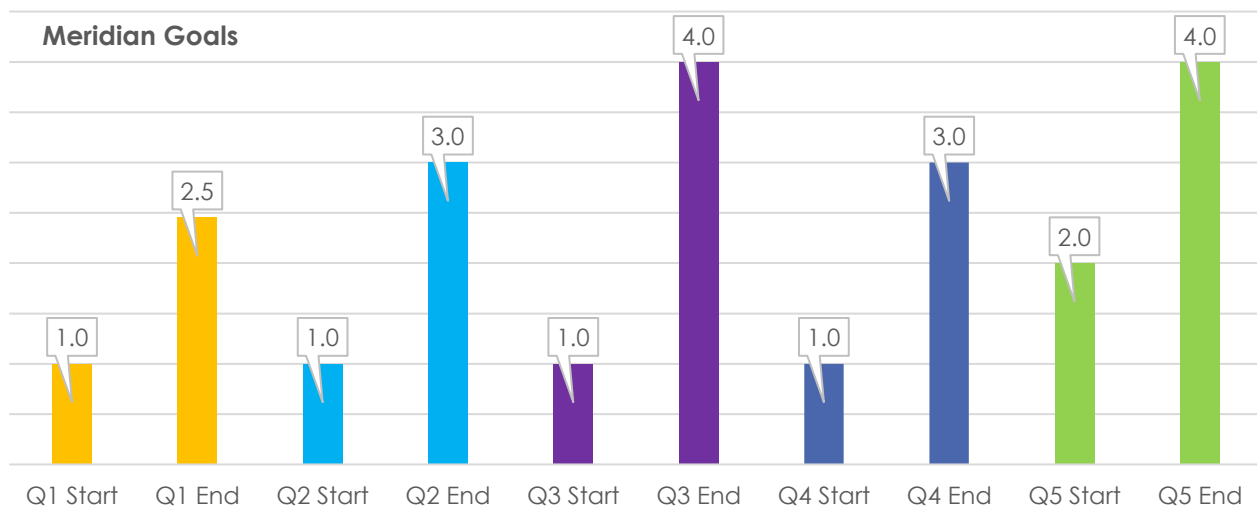


CORE Scores weeks 1-6 (1025clients)

The Meridian Goals Questionnaire, is used in conjunction to the CORE measurement tool: it gathers additional information on five areas related to the SLA outcomes. This was also a useful measurement, allowing the client to visibly witness their improvement in their recovery journey. Below are the outcomes from the same 1025 clients who featured in the CORE outcomes above. An additional question is asked of clients who had children, of the 1025 clients there were 671 responses relating to question 5, which is aimed at parents. The scoring was based on a simple scoring scale from 0-4. In the absence of formal statistical analysis, the graph below illustrates the client's responses between week 1 and week 6 showing improvement in each of the questions asked. The questions asked were:

1. Do you feel that you have been achieving your goals?
2. Have you been managing to reduce/abstain from alcohol/drugs?
3. Do you feel that your family relationships are improving?
4. Do you feel your confidence, coping skills and overall general quality of life has improved?
5. Do you feel that your relationship with your children is improving? (adjusted for clients with no children).

Graph 15: Meridian Goals (1025)



Strengthening Families Programme

In addition, alongside partner organisations, Meridian facilitated two Strengthening Families Programmes (SFP) in South and helped deliver three programmes in North. SFP is an eight-week evidence-based programme for families with young people aged 10-14, which aims to reduce drug and alcohol use, address related problem behaviours and strengthen family relationships. It aims to bring families together.

Meridian agreed to facilitate two programmes in South Lanarkshire along with partners; a steering group was assembled to oversee the programme. The steering group chose the urban areas of Hamilton, East Kilbride and Cambuslang for the first programmes. Identifying suitable premises became an issue despite having statutory partners around the table who had access to a wide range of premises; the main issue was the programme was delivered early evening and required separate rooms for the adults, young people and a crèche for younger children. The main stumbling block was identifying trained SFP facilitators to deliver the programme; some partners were able to free up capacity to allow a member of staff to facilitate while other partners were limited in what they could commit to; this delayed the programme significantly. Subsequently further training of more facilitators in South was arranged. Volunteers were easily recruited as assistants and they were very committed to the programme- these volunteers subsequently became trained facilitators.

The timing of the programmes turned out to be crucial. The first one started, after the school break in August 2015 and ran for the duration, referrals for the first programme were slow at the start but at week one there were a total of 12 families referred. As this was essentially a pilot programme the group agreed that the requirement to visit the school beforehand was not conducted and some families had the family interview the day before the programme started. This was not entirely a favourable method but the approach had to be modified simply due to timing issues, particularly with the end of Meridian in March: we had to ensure the two SFP were completed by mid-March. The first programme ended the week before Christmas and the second programme should have started early to mid-January, however contact with families were difficult until the end of January and after the holiday period; it wasn't an ideal situation but it was decided to run with the 5 referrals received- it was expected this would ultimately lead to poorer outcomes. Repeated attempts were made to contact Oxfords Brookes to ensure the programme was operating correctly and to identify the contact to submit the measurement results to. Despite these repeated attempts by both Meridian and the ADP Development Officer no communication was achieved. The results have been submitted and are awaiting analysis. Below are examples of some of the comments gathered from parents.

Pre-Survey

1. Why did you decide to participate in this programme?

- To rebuild trust with my kids after a family break up
- To benefit me as a single parent. Help to understand my girls
- To help me and my children become a stronger family as individuals and family unit.
- To learn to respect each other's feelings as a family and as individuals.
- To help us bond and get closer.

Post-Survey

1. Please describe how the relationship between you and your young person(s) has changed since attending these sessions?

- I feel that we as a family have benefitted from the sessions to enable us to open up and trust each other.
- We are more open with each other and I feel my daughter has really gained confidence during this course
- Improved behaviour and more talking to each other
- I feel we can talk more openly about certain issues e.g. alcohol, drugs, being careful. Think the children respect me more for being more open and realistic about different situations

2. What is the most valuable thing you have learned on the programme?

- I have learned new ways in which to interact and deal with the kid's up's and down's
- Keeping calm and listening to problems which we can solve together by speaking and resolving.
- See things through her eyes.
- To just try my best to teach my children about being respectful towards others, more loving and open and to set more limits about when, who with, and where the kids are.

Box 4: Family Work Case Study 1:

Family Case Study: Young Mum: Meridian received referral from Social Work department regarding client 'Jean' (alias) had three children aged 8, 6 and 4 and was 8 months pregnant with her fourth child. Jean had attempted to stop drinking through the years but to no avail but third time she appeared more motivated to stop and keep her unborn child. During her pregnancy Jean had cut down considerably to such a level that the doctors felt that the unborn child 'might' be born healthy with very few problems from its mother's alcohol use. The Meridian support worker visited Jean on a regular basis up till and after the birth of the child which was a boy. The baby was kept in hospital for a considerable length of time due to no decision being decided upon about its future, but during this time Jean had not touched alcohol at all, the support worker breathalysed Jean at every visit; most were random checks. The worker concentrated on Jean's motivation and in the back of the clients mind she felt she could get her other children returned, but the support worker made it very clear to Jean that this was a very large task for her to consider at this time. Even knowing this Jean continued to work on relapse prevention strategies which she found extremely helpful. After some time it was decided to transfer Jean to a counsellor for a period of time as the support worker felt that there was underlying issues with Jean that had to be dealt with to allow her to move on. At the first session with the counsellor, the support worker attended to help the transition to another worker which went very well. During this time the new born boy was taken into foster care; social work continued to monitor very closely the work and progress of Jean. Six weeks with the counsellor and exploring some issues that had affected Jean and her progression to be alcohol free. A social work meeting was called and a decision was taken to allow the new born baby to stay with Jean for a period of time but under extremely close monitoring and supervision. It appeared Jean had turned the corner. It had now been more than six months alcohol free and Jean stated her determination to stay that way. Meridian continued to work with Jean and see her on a regular basis throughout this time. Social work held another child protection meeting and after many hours of discussion it was decided at this time to return all Jeans children to her which was a massive step for all involved but more especially for Jean. Meridian, along with other services supported Jean through this extremely difficult time, she did extremely well, coping very well with all this strains of being a single Mum with four children. The support worker continued to breathalyse Jean on a random basis: every test was negative. It is recognised that this was and is not an easy journey for Jean and she did have periods of up's and down's but through these issues she has never went back to using alcohol and is now well on her way on her recovery journey. As an aside, this case study was an excellent example of partnership working by all involved in the case.

Box 5 Family Work Case Study 2:

Family Case Study: Two parents self-referred to the project to discuss concerns they had about their 18 year old son who had been dependent on drugs for almost 3 years. The parents were not coping well, the son had left a private rehabilitation programme and they did not know where to go or do next. They worked with the therapist for a few weeks before it was suggested the whole family attended a session. Their oldest child, a daughter was 26 and a Doctor in a city hospital, their younger son was 14 and appeared to have no issues. At the initial family session the therapist picked up on a couple of things that she felt required to be explored separately and encouraged the youngest son to come in for individual support; the parents continued to attend. The youngest son worked with a counsellor, quite soon it became apparent that this youngest child was in a great deal of distress and had been having suicidal ideations. The reasoning behind his distress was that he felt like he didn't exist; the successful older sister could do no wrong in his parent's eyes and they were always full of praise for her; the middle son had the troubles associated with drug dependency and the parents were always focused on his needs; the youngest son felt invisible. This is not uncommon in families; parents focus their energies and time on the children who need them most- often not realising their other children have needs and require support to cope with a siblings dependency. This was a challenging case as the son initially didn't want his parents to know but through support and encouragement he agreed to have a joint session with his parents with both therapists attending; he shared for the first time with his parents how the family situation was affecting him. The parents were understandably upset, angry with themselves for not seeing their child was in need. After a few months the family unit and relationships had greatly improved; the parents were able to distance themselves slightly from their son who was dependent, focusing their energy on their youngest son; this in turn helped them to stop enabling their son to continue his drug use and he took some responsibility for his own recovery by referring himself for treatment. At discharged the parents and both sons had come to an awareness of each other's needs; the parents felt stronger and better equipped to deal with their children and the relationships had improved to the point that they discussed issues as a family instead of trying to deal with everything on their own. Their son continues to attend treatment and the youngest is now studying for his exams.

Clients' Journeys

Below are two client's journeys, detailed to give an insight into the type of work that was undertaken by the project; highlighting the joint work between partners and demonstrating the outcomes achieved by the clients.

Adult Case Study: John (alias) self-referred to the Meridian service because of his alcohol and prescription drug use. John has a senior managerial position and has felt the pressure the last few years because of demands and targets put upon him, he started to have a 'glass' of wine after work due to his 'stress' at work. This very quickly escalated to a bottle and John became dependant on his 'wind down' drink in the evening and weekends also. During this time John's wife gave him an ultimatum of stopping drinking or she was leaving him. This went on for some time but John never stopped if anything his alcohol use got worse and then he started abusing his prescription medication that he was on for his stress. It wasn't long before John and his wife of over 30 years split up and John's alcohol use spiralled out of control.

John was allocated counselling and during the process it unravelled that John had been severally bullied as a youth and this pattern had gone on all through his life; the breaking point John feeling 'harassed' into making targets and deadlines at work which he couldn't handle any longer. Although it was generally believed John's childhood was good and event free Johns view was very different, one of six brothers John had always in his words been 'the runt of the litter'. John recognised now that he had gone through his life and let everyone walk over him and bully him including his, now adult, children. John revealed that he had attempted to take his own life at one point by overdosing on his own medication but told the hospital that he had mixed up his dosage and thought that he had not taken his medication when he had. On another occasion he cut his wrist but again told the hospital that it was an accident while working in his garden shed.

John attended counselling for seven months, he had stopped all his medication but had made the conscious decision to carry on drinking but not as before. John said he had now learned to become a 'sociable drinker', he would only drink when out or at special occasions but had stopped drinking in the house after work.

After his time with the counsellor John decided to confront his children and his estranged wife about the manner in which he felt had been treated over the years. John knew this was a huge gamble for him but he felt he had to do it. After confronting his family two of his children went for private therapy and they are now back together as a family, all except John's wife who did not want to address the issues; the decision was to file for divorce; being the best solution for both. John also met with his employers and thrashed out the problems that he had been having; the issues are now resolved. John felt he now had the courage to stand up for himself which he never had all his life.

Young Person 16 Case Study: Jay (alias) came to Meridian after his school teacher suggested it. Jay came to us because of his drug use which led to him missing school and his exams; he also had gone missing from home for long periods of time. Jay had been doing well at school but then started to miss classes and miss football training; this progressed to going missing at weekends for a couple of days at a time which his parents didn't seem to bother too much about. It transpired that both parents indulged in very heavy drinking and often ended up involved in anti-social behaviours. As time went on Jay stayed in his room playing computer games and using drugs but then would disappear for periods of time and come back when he was in the need of food or had no money left. In his view, his parents appeared to do nothing to help him with his 'issues'; he opened up to his guidance teacher and explained how isolated he felt even when at home; the teacher referred him to Meridian.

As we started to work with Jay he became very withdrawn when the counsellor attempted to help him explore his drug use and why he might have started to use as young as he had informed the counsellor that he had been using some sort of drugs for a good number of years now. We suggested trying to get his parents along to a session but Jay was firmly against this, he said they would embarrass him. At one point during his counselling sessions Jay broke down and shared with the counsellor that he was terrified of life in general and had managed to get through his life by blocking it out all the time with drugs of some sort, he didn't care what kind of drugs it was. It was noted that Jay was a very sensitive lad who wanted to help out all his peers with their problems but forgot his own and this is how he got through life.

The counsellor suggested that he should also go to see his GP, Jay was not keen on this idea but agreed on the condition that the counsellor would speak to the GP on his behalf. He was given a short course of anti-anxiety medication. Over the months, Jay felt got his life back on track but by this time had missed out on his exams at school, the teacher assisted him to apply to sit them at college as he believed Jay is a bright lad who should be going to university. Jay's said that his parents still did not see what was wrong they felt he was just a teenager going through teenager 'things'. Jay has stopped using drugs and feels happier than he has felt in a long time and has made plans to apply to universities where he could live in; to allow him to move away from his parents. At discharged he was very focused, had a part-time job and was looking forward to going to university.

Local Improvement Targets

Local Improvement Target	
100% of drug and alcohol clients will start treatment within 3 weeks of referral (HEAT A11)	Achieved
Where appropriate, 100% of drug users will have an SMR 25A form completed at assessment	Achieved: ISD Database issues / internal reports reflect achievement of the target
25% of drug users in each locality will receive take Home Naloxone each year	Achieved: : ISD Database issues / internal reports reflect achievement of the target
50% of service users will have completed a psychosocial intervention by case closure	Achieved
75% of drug and alcohol clients will engage with the service at the first assessment	Not all 4 quarters achieved
50% of service users will have been assertively linked into community activities and recovery groups (including mutual aid) by case closure	Achieved
50% of service users will have been assertively linked into employability services, education, training and/or volunteering by case closure	Achieved
100% of service users will have demonstrated some improvement in CORE domains across each locality from assessment to discharge	Achieved
100% of ISD requested SMR 25B forms will be completed by quarter	Achieved
100% of services will conduct an Annual Service User Survey	Achieved
Where appropriate, 100% of service users will be invited to involve family members/significant others in their recovery plan	Achieved

Changes to the LITS in July 2015 required 75% engagement rate- this was not reached either in North or South although improvements were noted.

Quality Principles and Workforce Development

1. Quality Principles

The Audit in February 2015 of the new Quality Principles had 73 specific items; each to be evidenced through a range of sources. The feedback from the audit identified weaknesses all of which related to the Client Case File review which required remedial work. The issues all related to the profession of Counselling in general and evidence from governing bodies supported many Counsellors approach of not writing elaborate notes; in some agencies, Counsellors write no notes at all. However recognition was made to changes required in satisfying the new Quality Principles and Meridians funding agent the, ADP. In many cases the responses and subsequent reports of the two Service Users Surveys (2014, 2015) and the Staff Survey (2015) provided strong supportive evidence to demonstrate Meridians adherence to the Quality Principles. The audit did not suggest the work was not being carried out but rather we can improve our paperwork, documentation and recording to ensure we record and evidence the work we carry out and as such adhere to the National Standards set for alcohol and drug services. Meridian did not conduct its yearly service user consultation in February due to the project ending in March.

2. Workforce Development

a) Supervision:

Clinical supervision was directed at developing worker's clinical practice skills through the provision of support and guidance from a more experienced supervisor. The clinical supervision relationship was characterised by regular, systematic and detailed exploration of a supervisee's work with clients. All key workers received Clinical Supervision in accordance with the guidelines set by Meridian following BACP and BABCP guidelines. In addition to Clinical Supervision all staff received Line/Case Management every 6-8 weeks. The two managers had clear lines of accountability and were responsible for day-to-day management of workplace practices; service delivery, planning and monitoring workload, ensuring quality of work; ensuring health and safety, time management, motivating, administration, statistical data, including outputs and outcomes and all record-keeping. During the period two senior Counsellors in South completed their Clinical Supervision qualification.

b) Training

Meridian believed that it was important to invest in workforce development. Staff must have opportunities to refresh and enhance their knowledge and skills in order that they are able to serve clients to the best of their ability. During the 2015-2016, training opportunities were less than in previous years due to the knowledge that Meridian would end in March 2016 however despite this Meridian continued to offer training opportunities to staff. The staff training for South included:

- Strengthening Family Programme- 4 staff completed this training
- Prince 2 one staff member completed the certification
- CRAFT- 2 staff completed the 3 day course
- HEAT A11 – a range of training
- Anger and Anxiety Management Psychosocial Training – 4 staff completed training
- NPS training- 4 staff completed training
- SMART : 12 staff completed this training
- Outcome Star- 4 staff
- Improvement Methodology Masterclass: 2 staff completed this training
- Improvement Bootcamp – 1 staff completed this course
- Violence Against Women Training: 2 staff completed this course
- Child Protection: 5 staff completed this training

Reflections

As this is the final annual report of the Meridian project we have included some reflection on the design delivery and overall performance of the project, below are some final points and conclusion of the work of Meridian.

1. Previous 6 months:

Commissioning Process:

It was known throughout 2015 that the commissioning process was ongoing and that Meridian would end in March 2016, the original SLA was to end in March 2014 however two single year extensions were awarded. Despite the project ending, we had a duty to make sure that during the last year the clients attending the project were offered and received the very best quality service, just as we had provided since day one of the project. Therefore the recommendations from the Quality Principles Audit follow-up in October 2015 were implemented and further Improvement Methodology sessions were attended. We continued to ensure we challenged the project to provide more of what worked and less of what didn't work to ensure better outcomes for our clients.

Effect

It has to be noted that this was a very challenging year for the whole staff team for a couple of reasons related to the commissioning process which had an unsettling effect. The delays within the process timetables which ended up in a protracted process from September 2015 until the end of March 2016 created a great deal of stress; had the final outcome been known and staff been aware of the outcomes sooner then it could have alleviated some of that stress. The second issue is the ongoing insecurity of working within the Third Sector. While staff are very passionate and committed ultimately they also have responsibilities that require them to be employed and risk to their employment has an obvious troubling effect.

It is true, that every service, department or agency is under scrutiny and difficult decisions have to be made which leaves entire workforces feeling vulnerable. However there is no doubt, that being employed by a statutory service rather than a third sector provider provides a degree of safety and employees certainly feel that colleagues in statutory sectors do not face the same risks of losing their employment. Some will argue that all employees face similar risks of losing their employment but overall the risk for colleagues in statutory sectors is greatly reduced. This concern stayed with the staff team however they remained professional and totally committed to the client group and continued to do their very best to provide a quality professional service to clients across Lanarkshire

Clients:

Undoubtedly, for some clients, it was an unsettling period. In particular clients who had been engaged in counselling for some time and required an exit strategy to be implemented from November 2015 onwards. This group of clients on the whole had presented with the more complex and enduring problems and they were understandably concerned when informed the project was ending. However, the introduction of individual client exit strategies allowed staff to ensure clients were linked into other services that could provide support; nonetheless many of these clients preferred to completely exit from therapy rather than be transferred to psychology or psychiatry. A small number of clients transferred to Addiction Psychology; others were referred to psychological therapies however very few were accepted. Often the reason given for this, is that client is not alcohol/substance free.

This particular issue has been the topic of discussion several times; clients may be unable to be completely alcohol free, for some they feel the need to continue consuming alcohol but at a reasonable

level. For some clients it's unreasonable to issue a criteria which in effect is impossible for them to adhere to. Meridian did work with clients who were still consuming alcohol or using drugs; their goal may have been to reduce and use sensibly. There are many clients whose goal is not to be alcohol/drug free but rather acknowledge that they had let their consumption or use become out of control and their goal would be to return to a sensible or controlled pattern of use- however, despite their use they may still feel in need of therapy and importantly could receive benefit from therapy. For clients who did wish to be referred on to other services, Meridian ensured we assisted in every way possible; ensuring a smooth transition.

For other clients there was a great deal of disappointment and for some, upset, that the project was ending; they were understandably fearful and concerned that after summoning the courage to refer to a project that it was going to end before they had the opportunity to actually attend. Staff made sure all clients were informed that an alternative service would be available at the start of April and leading up to the new start date, issued clients with the contact details for the relevant statutory services available. This was a worrying period for all staff, not being able to accept client referrals or having to inform referring agents that as of January the project could no longer accept referrals was troubling for them.

Frequently staff were upset at having to inform clients they could not accept their referral, however brief solution focused work was offered to any client self-referring. It was particularly distressing for staff when family members tried to refer; in the short term staff spent a great deal of time on the telephone reassuring clients or their family members while encouraging them to contact the available services or their GP. In some instances, clients were asked to attend the office in order that a risk assessment could be conducted, this happened to ensure potential clients who may be in crisis were given support Clinical Supervisors were also informed to increase supervision if need be in order to support the staff during this difficult time; in addition increased line management was implemented.

As the decision was taken by the Steering Group that the project would stop taking referrals from the start of January; this in effect meant that no clients remained within the Meridian project at the end of March and no clients required to be transferred to the new service providers. It was hoped that the ending of Meridian and the start of the new service would have been seamless.

2. Meridian Project Overview:

The Meridian service was commissioned by Lanarkshire Alcohol and Drug Partnership in 2011. This is a service that should be celebrated; the data below has been collated during the 4.5 years.

- Total individual referrals to Meridian: **9,412**
- Total hourly appointments offered: **68,533**
- Total hourly appointments attended: **45,232**
- Since changes were made two years ago regarding capturing particular elements, it was found that individuals attending Meridian had a total of **1,659** children under the age of 16: almost 70% of which are under the age of 11.
- There were **22,942** CORE measurement tools completed and positive outcomes were achieved in each of the measurement tools utilised over the 4.5 years
- There were also significantly positive outcomes in the measurement indicating goals achieved
- Latest service user responses- 83% of respondents reported a reduction in alcohol consumption
- Latest service user responses 75% of respondents reported a reduction in drug consumption

Not all outcomes can be illustrated due to the confines of the report but overwhelmingly Meridian was a very successful project and achieved a great deal in its 4.5 year duration. Significant outcomes were experienced by clients in terms of reducing alcohol and drug related harm, risky and negative behaviours; improving the quality of life for individuals and/or their family members in Lanarkshire; helping individuals to work towards recovery while rebuilding their lives and playing an active role within their family, local community and wider society.

The following is a reflection over the 4.5 years of the SLA which will highlight both the successes and the challenges

Pan Lanarkshire:

The commissioned service in 2011 was to be Pan Lanarkshire, this was one of the main criterion of the tender. From the initial startup in September 2011 until approximately 2014 every effort was made to ensure that Meridian was indeed a Pan Lanarkshire service; this included; one system of referrals and appointments; one style of documentation; financial reporting systems; database; delivery method and marketing materials and resources. However whilst this was effective internally it presented multiple challenges externally, not least trying to fit into two local authority structures; reporting to two different sets of locality improvement targets; service integration and non-integration; differing partnership arrangements and governance; all of which eventually led Meridian essentially, to operate as two distinct services- Meridian North and Meridian South.

The delivery of two distinct services -Meridian North and Meridian South would not have been a difficult task and one which could easily have been introduced at the start – instead the main challenges were that this issue developed over an extended 2 year period; it seemed that every month some element of Meridian had to change.

Steering Group

The SLA had named the representatives who were to be included in the steering group. North Lanarkshire, consisting of both health and social work was from the start almost always well represented at steering group meetings, however South Lanarkshire at times were poorly represented; we were informed during the period that this was due to several different factors such as staffing issues and a staff restructure.

Measurement Tools:

Meridian had proposed to use several measurements tools prior to the startup period, and for the initial period these were introduced and were working effectively. However Meridian was chosen as one of the pilot services for the newly commissioned Assessment of Recovery Capital (ARC) measurement tool. While being piloted the questions in the measurement tool had to be adapted several times. There were criticisms of the tool: not least the length of time it took to complete. Capturing the data and analysing it was also time consuming; eventually the ARC was withdrawn and a decision was taken to use CORE- a psychological reliable and valid measurement tool and a goal achievement measurement tool.

The agreement to switch was due in part to the belief that ARC and CEST were not reflective of client experience and not being an appropriate tool to use in particular with regard to family members. ARC it did not have the capacity to record accurately the information of significant others attending the Meridian Project who themselves did not have an alcohol or drug related issue

Service elements:

a) Counselling

One to one therapy and counselling by fully qualified CBT/ Person Centred Counsellors generically trained with specialist aspects in substance misuse work. Counselling is most appropriate for individuals who have some level of control over their alcohol/drug use and are no longer using substances chaotically. The individuals would have underlying reasons that may have led to their substance misuse, for example trauma, bereavement, depression.

b) Support

Support work is available for individuals and families; carried out by highly trained and competent

workers experienced in all aspects of support work in the substance use field. Our support work was varied and included, awareness raising of drugs/alcohol, psychosocial education to related harm from using substances, group work, harm reduction, support to reduce alcohol levels/on methadone programmes, awareness of community groups and much more.

c) Family Support/ Strengthening Families Programme

This element supports various family members often in times of great difficulty, to overcome issues surrounding a family member's substance/alcohol use. When we work with family members this may include, mum, dad, wife, husband, daughter, son, indeed any individual adversely affected by a significant others alcohol or drug use. Staff were trained in the Solihull approach and due to the improved data capturing function of the database we were able to show that in the last two years of Meridian, the total children who were positively affected by their parent attending the project were 848 (2014/15) and 811 (2015/16). In addition, with partnership organisations, Meridian facilitated in 9 Strengthening Families Programme. In addition South retained a Family Support Worker who provided focused home support to families- this element was resource intensive and as a result was only available to those families most in need, due to capacity issues

d) Group work:

It was always intended that group work would play a significant part in the Meridian project however despite repeated attempts to deliver group programmes it was increasingly challenging. At the most 12 attendees attended a 12 week programme in South; this had been an already formed group, referred from LaADs. The remaining groups which did operate had fewer numbers and the duration of each was dependent on attendance. We believe the main reason for such poor attendance can be found in the two service user consultations that were undertaken; almost 80% of respondents stated they would not attend group work and also stated the main reason for not attending mutual aid groups was for the same reason: they didn't like groups and preferred to meet individually with a key worker. Several reasons were given for not attending group work programmes which have been listed in Meridian reports and elsewhere ; it may be that this only applies to the client group who chose to attend Meridian, we did try to deliver a programme toward the end of last year but again very little interest was shown by clients. It was made very clear that clients self-referred and attended Meridian for individual focused work and had group work been offered they would not have attended. Likewise regarding the Meridian Youth Group- young people felt able to attend individually but after providing and delivering two youth focused groupwork programmes the decision was taken to remove this element of the service provision due to lack of interest and uptake.

e) Peer Support:

Peer support can come in many forms, it is not only for the clients who misuse alcohol or drugs, peer support can also be offered to family members but this element of shared similar experience is not often acknowledged. The ethos that underpinned Meridian included the respect of the anonymity of the individuals who could offer peer support-those who did not particularly want this to be common knowledge. Our belief in accordance to the code of ethics that we adhered to, is that our key workers could disclose their own experience if and when they felt it was appropriate.

Simply, those staff and volunteers who had shared similar experiences with the clients either as a service user or as a family member of the service user could provide peer support, however this wasn't commonly published or advertised -these staff and volunteers were not recruited on the basis of being able to provide peer support but rather a great many individuals enter this field of work due to personal experience. The consequence is that a great many clients of Meridian in the 4.5 year period did receive peer support but it never featured as a statistic or was illustrated in a case study or a report. There is a drive for recovery to be visible but for some individuals in recovery their anonymity is precious, not particularly for themselves, their concern is for their family members, the stigma and judgements that can still present, often creates the need for anonymity and that must be respected.

f) Meridian Youth : Young Persons Group

Meridian completed a pilot Youth Group programme for youths under 16 who are experiencing issues regarding parental substance misuse. The programme ran for 12 weeks; 1 weekday evening which was aimed at psychosocial education/discussions and a second, weekend activity which could be for example, an organised outing on a Saturday. Examples include football, ice skating and going to the cinema. One aim is to engage young people who are being directly or indirectly affected by alcohol/substance use and use alternative activities to provide psychosocial education, raising awareness around alcohol/drug use and creating an interest into various topics such as;

Why people use alcohol or other substances / Alcohol and other substance awareness
Anger Management / Stress & relaxation, / Knowing and dealing with your own moods

The programme had the desired result of introducing to the young person, different ways of living, the opportunities available to them and the importance of having informed choices. There was also an aim to raise their awareness that life is not centred on alcohol and substance use. The staff completed the Wellbeing Indicator Tool for all participants. Positive movement demonstrated and evidenced by the WIT results illustrated the impact of the programme on each individual young person. Two programmes were delivered in South and although small in numbers (10) it was successful; plans to roll it out to North were implemented however referrals were poor and despite actively seeking referrals none were forthcoming

3. Systems / Processes

Database

Liber8 had commissioned a customised database and linked reporting tool in 2008; prior to the Meridian project starting. One positive from this database is its flexibility to adapt or bolt on additional requirements. Throughout the project duration adaptations to the database were undertaken, this allowed information at a much more granular level than previously provided. The dashboard of the database is user friendly however only a handful of staff were training in the reporting tool- mostly to ensure consistency of data extract and reports.

Reporting Systems

Throughout the duration of the project there were recurring problems with ISD's database in particular surrounding the SMR documentation. This issue was raised several times through the Meridian Steering Group, Operational Partnership meetings, ADP support staff and directly with ISD. Even in the last quarter (Jan-Apr 16) there were issues with incorrect data. It left the position where internally we had adhered to the LIT requirements but often the reports downloaded by Meridian managers, from the SMR database differed from the report sent through by ISD; in one occasion two reports were downloaded systematically at the same time, one by Meridian and the other by the ADP research officer and the two reports differed. Support has been provided on numerous occasions by ADP support staff and it is hoped that the new DAISy system will rectify the issues.

4. Workforce Development / Evaluations

Workforce Development

Staff within the Meridian project were offered extensive opportunities for training and personal development during the project term; far too many to list. It was felt that the project required staff to be as qualified and experienced as possible to ensure the clients had the very best of service; in order to achieve this staff have to be equipped with accurate, up to date and relevant training and knowledge. Below are just some of the training staff attended either internally or external to Meridian.

- Mental Health First Aid
- COSCA Module 1 for all admin staff

- Equal Opportunities /Diversity/Dignity at Work
- Samaritans Training
- HEAT A11 Training- various
- Harm Reduction, BBV, Naloxone and OD training
- Solution Focused Therapy
- CRAFT
- Trauma
- GIRFEC – 2 day
- Data Protection / Information Sharing
- Domestic Abuse
- CBT Toolkit
- Fire Warden
- Advanced Alcohol / Drug Training
- Solihull Approach
- Strengthening Families Programme
- H & S

Evaluations

Meridian had both internal and external evaluations; staff surveys and service user surveys.

- **External Evaluation:**

Iconic Consultancy conducted the external evaluation at the project end date of 2014. The researcher attended a Steering Group meeting and met some members individually. In addition, he conducted focus group work and individual meetings with staff and services users as well as being given access to our bespoke database for statistical research. Overall it was an extremely positive external evaluation.

- **Internal Audit:**

Meridian's approach to quality assurance resulted in a full audit based on our Quality Assurance framework against the then Scottish National Quality Standards for Substance Misuse Services. It was found that overall Meridian performed very well against the standards with very few recommendations arising from the audit. At the end of 2014 the new Quality Principles were introduced and Meridian was one the first services to be audited in 2015. The need for more expansive client notes were highlighted in the audit; it was recognised that the discipline of counselling is facing challenges regarding the brevity of clients notes and work is being undertaken to address this issue. Overall the project audited extremely well in both audits and any recommendations were quickly acted upon.

- **Service User Consultation:**

Significantly two service user consultations were undertaken; the purpose of which was to canvas the views and opinions of service users. On both occasions, a random sample of 1000 service user were sent a postal survey, with the average response rate of 18.5%; this is considered a very good response rate from this client group. The data presented in both reports were extremely positive and encouraging, the overall outcome was that meridian was a quality service delivered by competent experienced warm and approachable staff and crucially that attending the project had improved the overall quality of life of the respondents: the main findings were

2013-2014 Service User Consultation found that:

- **93.3%** of respondents *reported a reduction in alcohol consumption* with approximately a **third abstaining from alcohol**, another **third** having *significantly reduced their alcohol consumption*, and a **quarter** *reducing their alcohol consumption*.

- **80.0%** of respondents reported a reduction in drug use with a **fifth** no longer using drugs, approximately a **quarter** having significantly reduced their drug misuse, and a third reducing their drug misuse.

2014-2015 Service User Consultation found that:

- **83%** of respondents reported a reduction in alcohol consumption
- **75%** of respondents reported a reduction in drug consumption
- **80%** of respondents reported improvements in relationships; awareness of risks and impact of alcohol use; their mental health; physical health and overall quality of life.
- **70%** of respondents reported improvements in awareness and impact of drug use; their confidence and their ability to cope with life and stress
- **100%** of respondents either agreed or strongly agreed that Meridian staff treated them with respect and dignity and made them feel welcomed
- **90%** felt Meridian helped them to achieve their hopes and goals around their alcohol/drug issue.
- **85%** either agreed or strongly agreed that Meridian helped with their recovery from their alcohol/drug issue

Fiscal Acuity: is something every organisation must take cognisance of. Meridian fully considered spend; throughout the project term we identified ways in which we could do things better; our emphasis became how we could provide more than we did the previous year but importantly at the same cost. Staff capacity was monitored and staffing costs adjusted to ensure budgets were adhered to. The efficiency measures perhaps is most clearly seen when the appointments offered in the first 6 months were 5,678 whereas in the period 2014-2015 there were 17,852 appointments offered.

Conclusion:

The Meridian tender requested that a pan- Lanarkshire service be delivered, whilst in theory this should have operated well in practice there were challenges. If we would have been in possession of the full knowledge at the start of the project then the appropriate separation of particular elements of the project could have been implemented; instead it was well into the project term when adaptations and alterations had to be made to fit into and reflect the differing structures of North and South Lanarkshire. Not only were there different structures but also reporting to two different sets of locality improvement targets; service integration and non-integration; differing partnership arrangements and governance. There were also challenges in two organisations working in partnership again while there were similarities there were also differences within and between the organisations which proved challenging. However despite these challenges overall in the 4.5 years there was a great deal of positive effective work delivered by the Meridian Project.

Meridian should be celebrated, it was a very successful project, the vast majority of service users who engaged with the project left having achieved their goals and with improved health and wellbeing; these positive improvements not only impacted on the individual client but also affected the family and in doing so affected the wider community. Meridian, positively and effectively contributed to the landscape of statutory and non-statutory services, agencies and projects in Lanarkshire who have similar aims and objectives- that is to assist individual and families who are either directly or indirectly affected by alcohol and or substance misuse issues.

Finally, whilst Meridian operated effectively, delivering the services tasked to us this was not without the assistance and support of many others. Grateful thanks to everyone who assisted and supported the project, including the Steering Group and the ADP Development Team. Thanks also must go to the managers and practitioners of the many agencies, organisations and services who worked in partnership with us and who assisted and supported Meridian to achieve our objectives.

Acknowledgment and thanks must also be given to the Meridian staff, personnel and volunteers for their unfailing commitment, professionalism and passion that went beyond expectations; the quality of the Meridian Project was reflective of the quality of people involved.

Finally thanks must be given to the many clients who enriched the lives of all Meridian staff, to all our clients who put their trust in us and shared their life experience with us- it was both an honour and a privilege. Heartfelt thanks to each and every person, colleagues and clients who called, emailed, handed in cards and gifts to acknowledge the ending of the project and to pass on their gratitude. *It was our pleasure!*